



Mayor Virg Bernero



Chief Mike Yankowski

**City of Lansing
Department of Human Resources**

EDUCATION AND EXPERIENCE QUESTIONNAIRE

Police Officer/Police Recruit/Detention Officer

Please print all information legibly and in ink. Answer all questions accurately and completely. There are a total of Nine (9) pages in this questionnaire. Applicants with incomplete questionnaires will not be given further consideration.

DATE: _____

1. **FULL NAME:** _____

Please list all other names you have ever used, including nicknames:

2. **LEGAL RESIDENCE:** _____

3. **TELEPHONE NUMBER(S):**

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

4. **BIRTH DATE:** _____ (Month/Day/Year)

5. Are you a Citizen of the United States? (Check One Box) ☐ Yes ☐ No

If Naturalized please provide the date and place of Naturalization: _____

6. How long have you been a resident of this State? _____



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7. SELECTIVE SERVICE NUMBER: _____

Present Classification: _____

Address of Draft Board (or city where you were registered): _____

8. U.S. MILITARY BACKGROUND:

Applicants with prior military service should submit a copy of their DD form 214.

Type of Discharge: _____

Please list any judicial or non-judicial disciplinary action you received:

Are you a member of a Military Reserve Organization? (Check One Box) ☐ Yes ☐ No

Date of Enlistment Expires: _____ Current Rank: _____

9. EDUCATION:

HIGH SCHOOL: _____

Address: _____

From: _____ To: _____

COLLEGE OR TECHNICAL SCHOOL: _____

Address: _____

From: _____ To: _____



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OTHER SCHOOLS: (Including, other educational institutions and/or academics). Attach additional sheets if necessary _____

Address: _____

From: _____ To: _____

10. **EMPLOYMENT HISTORY:** Starting with present employer and work backward for ten (10) years. Please include full-time, part time and temporary employment. Add as many separate sheets as necessary to account for the total number of years required.

1. Name of Employer: _____

Address: _____

Telephone Number: () _____

From: _____ To: _____ Salary: _____
(Month/Year) (Month/Year)

Name(s) of your Supervisor(s): _____

Position and type of work: _____

Reason(s) for leaving: _____

2. Name of Employer: _____

Address: _____

Telephone Number: () _____

From: _____ To: _____ Salary: _____
(Month/Year) (Month/Year)

Name(s) of your Supervisor(s): _____

Position and type of work: _____

Reason(s) for leaving: _____



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3. Name of Employer: _____

Address: _____

Telephone Number: () _____

From: _____ To: _____ Salary: _____
(Month/Year) (Month/Year)

Name(s) of your Supervisor(s): _____

Position and type of work: _____

Reason(s) for leaving: _____

11. CRIMINAL BACKGROUND:

1. Is there any criminal action currently pending against you? (Check One Box) ☐ Yes ☐ No

2. Have you ever been convicted of a crime within the previous seven (7) years (misdemeanor or felony)? (Check One Box) ☐ Yes ☐ No

If so, indicate the nature of the offense, date of offense, where and outcome:

12. ARREST RECORD:

1. Have you ever been convicted of an Assault or affiliated with any assault type of crime, which included any of the following elements? (Please clearly write either Yes or No to each element).

a. The use or attempted use of physical force: _____

b. The use, attempted use, or threat of a dangerous weapon: _____

c. The assault or attempted assault of a former spouse, parent or guardian, or person with whom you shared a child in common, or a person you resided with: _____

d. If you answered YES to any of the above three questions, please provide the circumstances, date and location of the crime(s).



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2. Have you ever been convicted of the crime of Domestic Assault in this state, or in any other state?
(Check One Box) ☐ Yes ☐ No

If YES, please provide circumstances (include date/location of the crime(s) :

13. PERSONAL PROTECTION ORDER (PPO):

Are you aware of the existence of any Personal Protection Order (PPO) which prohibits you from contact with another person? (Check One Box) ☐ Yes ☐ No

If YES, does the PPO prohibit you from purchasing or possessing a firearm? (Check One Box)
☐ Yes ☐ No

Please provide the circumstances precipitating the issuance of such a PPO, the date it was issued, and the location of the Court which issued it:



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14. **PERSONAL REFERENCES:** Please provide personal references to include: current or previous employers, advisors, coaches, teachers or leaders of the community you may be or have been affiliated with for at least five (5) years or longer.

1. Name: _____

Address: _____

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Years Acquainted: _____

2. Name: _____

Address: _____

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Years Acquainted: _____

3. Name: _____

Address: _____

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Years Acquainted: _____



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15. List the name(s) of any relative(s) who are currently employed by the City of Lansing: _____

16. Have you ever filed an application for employment or volunteer participation with the City of Lansing before? (Check One Box) ☐ Yes ☐ No If YES, list date of application: _____

**** NOTICE ****

ANY FALSE STATEMENT, EVASION OR DECEPTION IN ANSWERING THE PRECEDING QUESTIONS WILL BE CONSIDERED GROUNDS FOR REJECTION OR DISMISSAL FROM THE DEPARTMENT AT THE TIME OF DISCOVERY.

THIS APPLICATION MUST BE PROPERLY AND LAWFULLY NOTARIZED BELOW BY A NOTARY PUBLIC PRIOR TO BEING SUBMITTED FOR CONSIDERATION

I, _____, being duly sworn, do depose and say that the answers to the foregoing questions are true to the best of my knowledge and belief.

(Signature of Applicant As Usually Written)

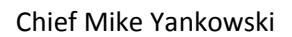
Date: _____

Sworn and subscribed to before me this _____ day of _____, 20_____
(Day) (Month) (Year)

(Signature of Notary Public)

My Commission Expires: _____

Reasonable Accommodations will be provided by the City of Lansing, if necessary, for individuals with disabilities who can perform the essential job functions with or without reasonable accommodations. Should you need any disability related accommodation in the application and/or selections process, please contact the City of Lansing, Department of Human Resources.



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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